



General Assembly

February Session, 2010

***Raised Bill No. 5235***

LCO No. 984

\*00984\_\_\_\_\_INS\*

Referred to Committee on Insurance and Real Estate

Introduced by:  
(INS)

***AN ACT CONCERNING EVIDENCE OF NONCOVERAGE OF HEALTH INSURANCE.***

Be it enacted by the Senate and House of Representatives in General Assembly convened:

1 Section 1. Section 38a-483b of the general statutes is repealed and  
2 the following is substituted in lieu thereof (*Effective January 1, 2011*):

3 Except as otherwise provided in this title, each insurer, health care  
4 center, hospital and medical service corporation or other entity  
5 delivering, issuing for delivery, renewing, [or] amending or continuing  
6 any individual health insurance policy in this state, [on or after  
7 January 1, 2000,] providing coverage of the type specified in  
8 subdivisions (1), (2), (4), (11) and (12) of section 38a-469, shall complete  
9 any coverage determination with respect to such policy and notify the  
10 insured or the insured's health care provider of its decision not later  
11 than forty-five days after a request for such determination is received  
12 by the insurer, health care center, hospital and medical service  
13 corporation or other entity. In the case of a denial of coverage, such  
14 entity shall notify the insured and the insured's health care provider of  
15 the reasons for such denial. If the reasons for such denial include that  
16 the requested service is not a covered benefit under such policy, the

17 entity shall, not later than three business days after notifying the  
18 insured or the insured's health care provider of its decision, mail to the  
19 insured by first class mail a copy of the applicable provision of the  
20 insured's policy or certificate governing the entity's decision that the  
21 requested service is not a covered benefit. Such mailing shall include a  
22 notice that the insured may contact the Insurance Department or the  
23 Office of the Healthcare Advocate if the insured believes the insured  
24 has been given erroneous information, along with the contact  
25 information for said department and said office.

26       Sec. 2. Section 38a-513a of the general statutes is repealed and the  
27 following is substituted in lieu thereof (*Effective January 1, 2011*):

28       Except as otherwise provided in this title, each insurer, health care  
29 center, hospital and medical service corporation or other entity  
30 delivering, issuing for delivery, renewing, [or] amending or continuing  
31 any group health insurance policy in this state, [on or after January 1,  
32 2000,] providing coverage of the type specified in subdivisions (1), (2),  
33 (4), (11) and (12) of section 38a-469, shall complete any coverage  
34 determination with respect to such policy and notify the insured or the  
35 insured's health care provider of its decision not later than forty-five  
36 days after a request for such determination is received by the insurer,  
37 health care center, hospital and medical service corporation or other  
38 entity. In the case of a denial of coverage, such entity shall notify the  
39 insured and the insured's health care provider of the reasons for such  
40 denial. If the reasons for such denial include that the requested service  
41 is not a covered benefit under such policy, the entity shall, not later  
42 than three business days after notifying the insured or the insured's  
43 health care provider of its decision, mail to the insured by first class  
44 mail a copy of the applicable provision of the insured's policy or  
45 certificate governing the entity's decision that the requested service is  
46 not a covered benefit. Such mailing shall include a notice that the  
47 insured may contact the Insurance Department or the Office of the  
48 Healthcare Advocate if the insured believes the insured has been given  
49 erroneous information, along with the contact information for said

50 department and said office.

This act shall take effect as follows and shall amend the following sections:		
Section 1	<i>January 1, 2011</i>	38a-483b
Sec. 2	<i>January 1, 2011</i>	38a-513a

***Statement of Purpose:***

To require insurers and other entities, in the event of a denial based on the reason that the requested service is not a covered benefit, to mail to an insured a copy of the applicable provision of the policy or certificate governing such decision, and to include in such mailing a notice with the contact information of the Insurance Department and the Office of the Healthcare Advocate.

*[Proposed deletions are enclosed in brackets. Proposed additions are indicated by underline, except that when the entire text of a bill or resolution or a section of a bill or resolution is new, it is not underlined.]*